

Exhibit B

Debtor's Original Schedules and SOFA

Fill in this information to identify the case:

Debtor Name Tri-State Paper, Inc.

United States Bankruptcy Court for the: Eastern District of Pennsylvania
(State)

Case number (if known): 23-13237-pmm

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | Current value of debtor's interest |
|----------------------------------------------|-------------------------|---------------------------------|------------------------------------|
| 3.1. <u>William Penn Bank</u> | <u>Checking account</u> | <u>0 6 4 5</u> | <u>\$2,937.05</u> |
| 3.2. <u>Citizens Bank</u> | <u>Checking account</u> | <u>4 3 3 5</u> | <u>\$43,032.10</u> |
| 3.3. <u>Citizens Bank</u> | <u>Checking account</u> | <u>5 7 5 9</u> | <u>\$9.77</u> |
| 3.4. <u>Citizens Bank</u> | <u>Checking account</u> | <u>5 2 3 4</u> | <u>\$20,217.52</u> |

4. Other cash equivalents (*Identify all*)

4.1 _____

4.2 _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$66,196.44

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

| | | |
|-----------|------------------------------------------------------------------------------------------------------|-------|
| 7. | Deposits, including security deposits and utility deposits | |
| | Description, including name of holder of deposit | |
| 7.1 | <hr/> | <hr/> |
| 7.2 | <hr/> | <hr/> |
| 8. | Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent | |
| | Description, including name of holder of prepayment | |
| 8.1 | <hr/> | <hr/> |
| 8.2 | <hr/> | <hr/> |
| 9. | Total of Part 2 | <hr/> |
| | Add lines 7 through 8. Copy the total to line 81. | |

| | |
|----------------|---------------------|
| Part 3: | Accounts receivable |
|----------------|---------------------|

| | | |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 10. | Does the debtor have any accounts receivable? | |
| | <input type="checkbox"/> No. Go to Part 4. <input checked="" type="checkbox"/> Yes. Fill in the information below. | |
| | | Current value of debtor's interest |
| 11. | Accounts receivable | |
| 11a. 90 days old or less: | <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: right;"> <u>\$200,000.00</u> face amount </div> <div style="text-align: center;">-</div> <div style="text-align: left;"> <u>\$0.00</u> doubtful or uncollectible accounts </div> <div style="text-align: right;">=..... →</div> </div> | <u>\$200,000.00</u> |
| 11b. Over 90 days old: | <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: right;"> <u>\$500,000.00</u> face amount </div> <div style="text-align: center;">-</div> <div style="text-align: left;"> <u>\$200,000.00</u> doubtful or uncollectible accounts </div> <div style="text-align: right;">=..... →</div> </div> | <u>\$300,000.00</u> |
| 12. | Total of Part 3 | <u>\$500,000.00</u> |
| | Current value on lines 11a + 11b = line 12. Copy the total to line 82. | |

| | |
|----------------|-------------|
| Part 4: | Investments |
|----------------|-------------|

| | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 13. | Does the debtor own any investments? | |
| | <input checked="" type="checkbox"/> No. Go to Part 5. <input type="checkbox"/> Yes. Fill in the information below. | |
| | | Valuation method used for current value |
| | | Current value of debtor's interest |
| 14. | Mutual funds or publicly traded stocks not included in Part 1 | |
| | Name of fund or stock: | |
| 14.1 | <hr/> | <hr/> |
| 14.2 | <hr/> | <hr/> |
| 15. | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture | |
| | Name of entity: | % of ownership: |
| 15.1 | <hr/> | <hr/> |

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm
Name

15.2. _____

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. _____

16.2. _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

| |
|--|
| |
|--|

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☐ No. Go to Part 6.

☒ Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|-------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
|---------------------|-------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|

19. **Raw materials**

| | | | | |
|--------------------------------|----------------|----------------|-----------------|---------------------|
| <u>Various paper products.</u> | _____ | <u>unknown</u> | <u>estimate</u> | <u>\$250,000.00</u> |
| | MM / DD / YYYY | | | |

20. **Work in progress**

| | | | | |
|-------|----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| | MM / DD / YYYY | | | |

21. **Finished goods, including goods held for resale**

| | | | | |
|-------|----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| | MM / DD / YYYY | | | |

22. **Other inventory or supplies**

| | | | | |
|-------|----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| | MM / DD / YYYY | | | |

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

| |
|---------------------|
| <u>\$250,000.00</u> |
|---------------------|

24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value _____ Valuation method _____ Current value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm
Name

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
|---------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|

28. Crops—either planted or harvested

29. Farm animals *Examples:* Livestock, poultry, farm-raised fish

30. Farm machinery and equipment (Other than titled motor vehicles)

31. Farm and fishing supplies, chemicals, and feed

32. Other farming and fishing-related property not already listed in Part 6

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

| |
|-------|
| _____ |
|-------|

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

Debtor Tri-State Paper, Inc.Case number (if known) 23-13237-pmm

Name

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| 39. Office furniture | | | |
| <u>Various used furniture.</u> | <u>unknown</u> | <u>estimate</u> | <u>\$1,000.00</u> |
| 40. Office fixtures | | | |
| <u></u> | <u></u> | <u></u> | <u></u> |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | | | |
| <u>Various used office equipment.</u> | <u>unknown</u> | <u>estimate</u> | <u>\$1,500.00</u> |
| 42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 <u></u> | <u></u> | <u></u> | <u></u> |
| 42.2 <u></u> | <u></u> | <u></u> | <u></u> |
| 42.3 <u></u> | <u></u> | <u></u> | <u></u> |
| 43. Total of Part 7 Add lines 39 through 42. Copy the total to line 86. | | | <u>\$2,500.00</u> |
| 44. Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Part 8: Machinery, equipment, and vehicles | | | |
| 46. Does the debtor own or lease any machinery, equipment, or vehicles? <input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes. Fill in the information below. | | | |
| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 47.1 <u>2013 Ford E150 / VIN: 1FTNE1EW3DDB11201</u> | <u>unknown</u> | <u>estimate</u> | <u>\$10,000.00</u> |
| 47.2 <u>2020 Chevrolet Box Truck</u> | <u>unknown</u> | <u>estimate</u> | <u>\$40,000.00</u> |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 48.1 <u></u> | <u></u> | <u></u> | <u></u> |

Debtor Tri-State Paper, Inc.
NameCase number (if known) 23-13237-pmm

48.2 _____

49. **Aircraft and accessories**

49.1 _____

49.2 _____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$50,000.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9:** Real property54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes. Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property**Net book value of debtor's interest**

(Where available)

Valuation method used for current value**Current value of debtor's interest**55.1 4500-4520 N 3rd St Philadelphia, PA 19140-1502Fee SimpleunknownCity Assessment\$853,600.0055.2 2044 E Clementine St Philadelphia, PA 19134-3819Fee SimpleunknownCity Assessment\$115,000.0056. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$968,600.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10:** Intangibles and intellectual property

Debtor

Tri-State Paper, Inc.

Case number (if known) 23-13237-pmm

Name

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | | | |
| 61. Internet domain names and websites | | | |
| tri-statepaperco.com | unknown | estimate | \$8.00 |
| 62. Licenses, franchises, and royalties | | | |
| 63. Customer lists, mailing lists, or other compilations | | | |
| Customer information database | unknown | estimate | \$2,000.00 |
| 64. Other intangibles, or intellectual property | | | |
| 65. Goodwill | | | |
| 66. Total of Part 10 | | | \$2,008.00 |

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
- ☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of
debtor's interest

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm
Name _____

71. **Notes receivable**

Description (include name of obligor)

_____ - _____ = **→** _____
Total face amount doubtful or uncollectible amount

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

| | | |
|-------|----------------|-------|
| _____ | Tax year _____ | _____ |
| _____ | Tax year _____ | _____ |
| _____ | Tax year _____ | _____ |

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Fraudulent transfer of funds by Tyquil Shoemake \$18,900.00

Nature of claim Fraud

Amount requested \$18,900.00

Fraudulent transfer of funds by Monika Ramirez \$10,700.25

Nature of claim Fraud

Amount requested \$10,700.25

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Unpaid portion of claim for loss disclosed on SOFA Line 10.1 \$580,000.00

Nature of claim Insurance Claim

Amount requested \$680,000.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

\$609,600.25

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Tri-State Paper, Inc.
NameCase number (if known) 23-13237-pmm

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|----------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | <u>\$66,196.44</u> | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | <u></u> | |
| 82. Accounts receivable. Copy line 12, Part 3. | <u>\$500,000.00</u> | |
| 83. Investments. Copy line 17, Part 4. | <u></u> | |
| 84. Inventory. Copy line 23, Part 5. | <u>\$250,000.00</u> | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | <u></u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | <u>\$2,500.00</u> | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | <u>\$50,000.00</u> | |
| 88. Real property. Copy line 56, Part 9..... → | | <u>\$968,600.00</u> |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | <u>\$2,008.00</u> | |
| 90. All other assets. Copy line 78, Part 11. | + <u>\$609,600.25</u> | |
| 91. Total. Add lines 80 through 90 for each column.....91a. | <u>\$1,480,304.69</u> | + 91b. <u>\$968,600.00</u> |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | <u>\$2,448,904.69</u> |

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.
United States Bankruptcy Court for the: Eastern District of Pennsylvania
(State)
Case number (if known): 23-13237-pmm

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|--------------------------------------------------------------------------|----------------------------------------------------------------|
|--------------------------------------------------------------------------|----------------------------------------------------------------|

2.1 Creditor's name

Citizens Bank, N.A.

Describe debtor's property that is subject to a lien

4500-4520 N 3rd St Philadelphia, PA 19140-1502

\$436,624.72

\$853,600.00

Creditor's mailing address

Attn: Bankruptcy

Describe the lien

Mortgage

1 Citizens Bank Way

Johnston, RI 02919-1922

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Date debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Specify each creditor, including this creditor, and its relative priority.

1) Citizens Bank, N.A.; 2) City of Philadelphia; 3) Pennsylvania Department of Revenue

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$473,833.82

| Part 1: | | Additional Page | Column A Amount of claim <small>Do not deduct the value of collateral.</small> | Column B Value of collateral that supports this claim |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------|----------------------------------------------------------|
| Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. | | | | |
| 2.2 Creditor's name | Describe debtor's property that is subject to a lien | | | |
| City of Philadelphia | | \$22,674.52 | \$853,600.00 | |
| Creditor's mailing address | Describe the lien | | | |
| Municipal Services Building | Property Taxes | | | |
| 1401 John F Kennedy Blvd 5th Floor | | | | |
| Philadelphia, PA 19102-1640 | | | | |
| Creditor's email address, if known | Is the creditor an insider or related party? | | | |
| | <input checked="" type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes | | | |
| Date debt was incurred | Is anyone else liable on this claim? | | | |
| 01/28/2023 | <input checked="" type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | | |
| Last 4 digits of account number | As of the petition filing date, the claim is: | | | |
| — — — — | Check all that apply. | | | |
| | <input type="checkbox"/> Contingent | | | |
| Do multiple creditors have an interest in the same property? | <input checked="" type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Disputed | | | |
| <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? | | | | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. | | | | |
| | | | | |
| <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> | | | | |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

| Part 1: Additional Page | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|
| Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. | | | |
| 2.3 Creditor's name <u>Pennsylvania Department of Revenue</u> | Describe debtor's property that is subject to a lien <u>4500-4520 N 3rd St Philadelphia, PA 19140-1502</u> | <u>\$14,534.58</u> | <u>\$853,600.00</u> |
| Creditor's mailing address <u>Bankruptcy Division</u> <u>1 Revenue Pl</u> <u>Harrisburg, PA 17129-0001</u> | Describe the lien <u>Business Taxes</u> | | |
| Creditor's email address, if known _____ | Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Date debt was incurred <u>09/15/2023</u> | Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). | | |
| Last 4 digits of account number ____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> | | | |

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm

☐ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

City of Philadelphia

Municipal Services Building

1401 John F Kennedy Blvd Fl 5

Philadelphia, PA 19102-1617

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the Claim:

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

\$88.85

Priority amount

\$88.85

2.2 Priority creditor's name and mailing address

Pennsylvania Department of Revenue

Bankruptcy Division

1 Revenue Pl

Harrisburg, PA 17129-0001

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the Claim:

Taxes

Is the claim subject to offset?

☒ No

☐ Yes

\$55,000.00

\$55,000.00

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

ABC Label & Pkg. Supplies Corp. Inc.

3708 Ironwood PI

Landover, MD 20785-2333

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the claim: Goods Sold

Is the claim subject to offset?

☒ No

☐ Yes

unknown

3.2 Nonpriority creditor's name and mailing address

Agio Group Inc.

26587 Corporate Ave

Hayward, CA 94545-3920

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the claim: Goods Sold

Is the claim subject to offset?

☒ No

☐ Yes

unknown

3.3 Nonpriority creditor's name and mailing address

Airgas USA, LLC

6055 Rockside Woods Blvd N

Independence, OH 44131-2301

Date or dates debt was incurred _____

Last 4 digits of account number 4 1 6 4

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the claim: Goods Sold

Is the claim subject to offset?

☒ No

☐ Yes

\$606.28

3.4 Nonpriority creditor's name and mailing address

Amazon.com, Inc.

440 Terry Ave N

Seattle, WA 98109-5210

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the claim: Goods Sold

Is the claim subject to offset?

☒ No

☐ Yes

unknown

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.5 | Nonpriority creditor's name and mailing address <u>Amerisan</u> <u>1 Chelsea Pkwy Ste 101-102</u> <u>Boothwyn, PA 19061-1307</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>unknown</u> |
| 3.6 | Nonpriority creditor's name and mailing address <u>Anchor Packaging LLC</u> <u>13515 Barrett Parkway Dr</u> <u>Ballwin, MO 63021-5806</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>unknown</u> |
| 3.7 | Nonpriority creditor's name and mailing address <u>Arrow Fastener Co., LLC</u> <u>271 Mayhill St</u> <u>Saddle Brook, NJ 07663-5303</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>unknown</u> |
| 3.8 | Nonpriority creditor's name and mailing address <u>Berk International, LLC</u> <u>400 E 2nd St</u> <u>Boyertown, PA 19512-1603</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$7,300.00</u> |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.9 | Nonpriority creditor's name and mailing address <u>Britevision VBG LLC</u> <u>100 Simplex Dr</u> <u>Westminster, MA 01473-1482</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.10 | Nonpriority creditor's name and mailing address <u>Brown Paper Goods Co.</u> <u>3530 Birchwood Dr</u> <u>Waukegan, IL 60085-8334</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.11 | Nonpriority creditor's name and mailing address <u>Bunzl Distribution USA, LLC</u> <u>1 Cityplace Dr Ste 200</u> <u>Saint Louis, MO 63141-7067</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.12 | Nonpriority creditor's name and mailing address <u>Camden Bag & Paper Co.</u> <u>200 Connecticut Dr</u> <u>Burlingtn Twp, NJ 08016-4106</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$25,749.23</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.13 | Nonpriority creditor's name and mailing address <u>Carbonite</u> <u>2 Avenue De Lafayette</u> <u>Boston, MA 02111-1750</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.14 | Nonpriority creditor's name and mailing address <u>Cartec Inc.</u> <u>106 Powder Mill Rd</u> <u>Collinsville, CT 06019-3547</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6 0 0 2</u> | As of the petition filing date, the claim is: <u>\$1,035.06</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.15 | Nonpriority creditor's name and mailing address <u>Cassidy Insurance Associates, Inc.</u> <u>407 E Lincoln Hwy</u> <u>Exton, PA 19341-2732</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.16 | Nonpriority creditor's name and mailing address <u>Cee D., Inc.</u> <u>704 Ramsey Ave</u> <u>Hillside, NJ 07205-1034</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.17 | Nonpriority creditor's name and mailing address <u>Cellucap Manufacturing</u> <u>4626 N 15th St</u> <u>Philadelphia, PA 19140-1109</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.18 | Nonpriority creditor's name and mailing address <u>CleanCo Ventures Inc.</u> <u>1207 Delaware Ave # 1335</u> <u>Wilmington, DE 19806-4743</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.19 | Nonpriority creditor's name and mailing address <u>Comcast</u> <u>1701 John F Kennedy Blvd</u> <u>Philadelphia, PA 19103-2838</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.20 | Nonpriority creditor's name and mailing address <u>Commercial Micro-Systems, Inc.</u> <u>3525 Old Conejo Rd Ste 110</u> <u>Newbury Park, CA 91320-2198</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>T 1 0 0</u> | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.21 | Nonpriority creditor's name and mailing address <u>CrystalWare LLC</u> <u>600 James St</u> <u>Lakewood, NJ 08701-4023</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$12,615.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.22 | Nonpriority creditor's name and mailing address <u>Dart Container Corporation</u> <u>500 Hogsback Rd</u> <u>Mason, MI 48854-8523</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 4 5 0</u> | As of the petition filing date, the claim is: <u>\$1,063.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.23 | Nonpriority creditor's name and mailing address <u>DOT Compliance Group LLC</u> <u>3180 Park Center Dr</u> <u>Tyler, TX 75701-8482</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$599.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.24 | Nonpriority creditor's name and mailing address <u>Dubin Paper Co.</u> <u>1910 S Columbus Blvd</u> <u>Philadelphia, PA 19148-2820</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.25 | Nonpriority creditor's name and mailing address <u>Dynamite Pest Control</u> <u>279 S 52nd St</u> <u>Philadelphia, PA 19139-4108</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$135.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.26 | Nonpriority creditor's name and mailing address <u>Ecopax</u> <u>3600 Glover Rd</u> <u>Easton, PA 18040-9203</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$32,203.59</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.27 | Nonpriority creditor's name and mailing address <u>Edwards Councilor Company Inc.</u> <u>1427 Baker Rd</u> <u>Virginia Bch, VA 23455-3321</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$1,882.75</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.28 | Nonpriority creditor's name and mailing address <u>Elevator Constuction & Repair Co. Inc.</u> <u>2040 Bennett Rd</u> <u>Philadelphia, PA 19116-3020</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm
Name

Part 2: Additional Page

| | | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.29 | Nonpriority creditor's name and mailing address <u>Elkay Plastics Co., Inc.</u> <u>6000 Sheila St</u> <u>Commerce, CA 90040-2405</u> Date or dates debt was incurred <u>07/13/2023</u> Last 4 digits of account number <u>6 9 0 1</u> | As of the petition filing date, the claim is: <u>\$8,276.07</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.30 | Nonpriority creditor's name and mailing address <u>FancyHeat Corporation</u> <u>40 Veronica Ave</u> <u>Somerset, NJ 08873-3417</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 7 7 0</u> | As of the petition filing date, the claim is: <u>\$9,295.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.31 | Nonpriority creditor's name and mailing address <u>Ferraro Foods</u> <u>287 S Randolphville Rd</u> <u>Piscataway, NJ 08854-3806</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$25,484.30</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.32 | Nonpriority creditor's name and mailing address <u>Fineline Settings</u> <u>135 Crotty Rd Ste 1</u> <u>Middletown, NY 10941-4071</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 0 8</u> | As of the petition filing date, the claim is: <u>\$19,782.60</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.33 | Nonpriority creditor's name and mailing address <u>Freeport Paper Industries, Inc.</u> <u>120 Windsor Pl</u> <u>Central Islip, NY 11722-3331</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.34 | Nonpriority creditor's name and mailing address <u>General Plastics, Inc.</u> <u>2609 W Mill Rd</u> <u>Milwaukee, WI 53209-3211</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$2,848.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.35 | Nonpriority creditor's name and mailing address <u>Handy Wacks Corporation</u> <u>100 E Averill St</u> <u>Sparta, MI 49345-1516</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.36 | Nonpriority creditor's name and mailing address <u>HotPack Global</u> <u>5100 E La Palma Ave Ste 118</u> <u>Anaheim, CA 92807-2081</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$4,422.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.37 | Nonpriority creditor's name and mailing address <u>Iconex LLC</u> <u>3237 Satellite Blvd Ste 550</u> <u>Duluth, GA 30096-2305</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$10,762.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.38 | Nonpriority creditor's name and mailing address <u>Imperial Bag & Paper Co LLC</u> <u>255 Route 1 & 9</u> <u>Jersey City, NJ 07306</u> Date or dates debt was incurred <u>05/24/2023</u> Last 4 digits of account number <u>1 0 6 9</u> | As of the petition filing date, the claim is: <u>\$50,812.69</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.39 | Nonpriority creditor's name and mailing address <u>Indigo Inc.</u> <u>600 Prospect Ave</u> <u>Piscataway, NJ 08854-1414</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.40 | Nonpriority creditor's name and mailing address <u>Inno-Pak</u> <u>100 Founders Ct</u> <u>Delaware, OH 43015-4460</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.41 | Nonpriority creditor's name and mailing address <u>Innovative Designs Inc.</u> <u>7490 30th Ave N</u> <u>Saint Petersburg, FL 33710-2304</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$19,782.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.42 | Nonpriority creditor's name and mailing address <u>Inopak LTD</u> <u>500 W Main St Ste 11</u> <u>Wyckoff, NJ 07481-1406</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.43 | Nonpriority creditor's name and mailing address <u>IPFS Corporation</u> <u>3522 Thomasville Rd Ste 400</u> <u>Tallahassee, FL 32309-3488</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.44 | Nonpriority creditor's name and mailing address <u>Janico Inc.</u> <u>88 Industrial Ct</u> <u>Freehold, NJ 07728-8908</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.45 | Nonpriority creditor's name and mailing address <u>Kari-Out Co.</u> <u>520 White Plains Rd Fl 6</u> <u>Tarrytown, NY 10591-5114</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.46 | Nonpriority creditor's name and mailing address <u>Kast Distributors Inc.</u> <u>424 Harding Hwy</u> <u>Penns Grove, NJ 08069-2254</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.47 | Nonpriority creditor's name and mailing address <u>Kerekes Bakery & Rest. Equip. Inc.</u> <u>6103 15th Ave</u> <u>Brooklyn, NY 11219-5402</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.48 | Nonpriority creditor's name and mailing address <u>KIK Consumer Products</u> <u>6250 N River Rd Ste 6000</u> <u>Rosemont, IL 60018-4217</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$12,139.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.49 | Nonpriority creditor's name and mailing address <u>Laminated Industries Inc.</u> <u>2000 Brunswick Ave</u> <u>Linden, NJ 07036-2400</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.50 | Nonpriority creditor's name and mailing address <u>Master Supply Line, LLC</u> <u>49 S Poplar St</u> <u>Macungie, PA 18062-1335</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.51 | Nonpriority creditor's name and mailing address <u>Mat-Pac, Inc.</u> <u>404 Candlewood Cmns</u> <u>Howell, NJ 07731-2171</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.52 | Nonpriority creditor's name and mailing address <u>Metro Paper Industries Inc.</u> <u>695 W End Ave</u> <u>Carthage, NY 13619-1040</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.53 | Nonpriority creditor's name and mailing address <u>Midvale Paper Box Company, Inc.</u> <u>19 Bailey St</u> <u>Wilkes Barre, PA 18705-1907</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.54 | Nonpriority creditor's name and mailing address <u>Monarch Brands</u> <u>11350 Norcom Rd</u> <u>Philadelphia, PA 19154-2304</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$2,535.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.55 | Nonpriority creditor's name and mailing address <u>National Checking Company</u> <u>899 Montreal Way</u> <u>Saint Paul, MN 55102-4245</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 8 9 0</u> | As of the petition filing date, the claim is: <u>\$1,076.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.56 | Nonpriority creditor's name and mailing address <u>Nittany Paper Mills, LLC</u> <u>6395 State Route 103 N Bldg 5a</u> <u>Lewistown, PA 17044-7899</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.57 | Nonpriority creditor's name and mailing address <u>NorPak LLC</u> <u>70 Blanchard St</u> <u>Newark, NJ 07105-6819</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>5</u> <u>1</u> <u>6</u> | As of the petition filing date, the claim is: <u>\$17,539.39</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.58 | Nonpriority creditor's name and mailing address <u>Oliver Fire Protection & Security</u> <u>501 Feheley Dr</u> <u>Kng of Prussa, PA 19406-2611</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | As of the petition filing date, the claim is: <u>\$4,715.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.59 | Nonpriority creditor's name and mailing address <u>Packaging Corporation of America</u> <u>1 N Field Ct</u> <u>Lake Forest, IL 60045-4810</u> Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | As of the petition filing date, the claim is: <u>\$138,968.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.60 | Nonpriority creditor's name and mailing address <u>Paper Enterprises, Inc.</u> <u>c/o Euler Hermes N. A. Insurance Co.</u> <u>800 Red Brook Blvd # 400C</u> <u>Owings Mills, MD 21117-5173</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>1</u> <u>0</u> <u>1</u> | As of the petition filing date, the claim is: <u>\$11,890.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.61 | Nonpriority creditor's name and mailing address <u>Penn Jersey Paper Co.</u> <u>9355 Blue Grass Rd</u> <u>Philadelphia, PA 19114-2311</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$70,872.99</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.62 | Nonpriority creditor's name and mailing address <u>Placon Corporation</u> <u>6096 Mckee Rd</u> <u>Fitchburg, WI 53719-5103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$9,241.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.63 | Nonpriority creditor's name and mailing address <u>Plastirun Corporation</u> <u>c/o Euler Hermes N. A. Insurance Co.</u> <u>800 Red Brook Blvd # 400C</u> <u>Owings Mills, MD 21117-5173</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 1 6 9</u> | As of the petition filing date, the claim is: <u>\$19,697.19</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.64 | Nonpriority creditor's name and mailing address <u>Poly Plastics Products of Pennsylvania Inc.</u> <u>PO Box 220</u> <u>Delano, PA 18220-0220</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$10,005.81</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.65 | Nonpriority creditor's name and mailing address <u>PowWeb</u> <u>5335 Gate Pkwy</u> <u>Jacksonville, FL 32256-3070</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.66 | Nonpriority creditor's name and mailing address <u>Primepak</u> <u>120 N State Rt 17 Ste 205</u> <u>Paramus, NJ 07652-2837</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.67 | Nonpriority creditor's name and mailing address <u>ProAmpac</u> <u>12025 Tricon Rd</u> <u>Cincinnati, OH 45246-1719</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.68 | Nonpriority creditor's name and mailing address <u>Pro-Stat, Inc.</u> <u>285 Pierce St</u> <u>Somerset, NJ 08873-1261</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$4,030.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm
Name

Part 2: Additional Page

| | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.69 | Nonpriority creditor's name and mailing address <u>Quality Carton and Converting, LLC</u> <u>175 Ward Hill Ave</u> <u>Bradford, MA 01835-6960</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.70 | Nonpriority creditor's name and mailing address <u>Ridgway Industries, Inc.</u> <u>60 Walnut St # 4</u> <u>Marcus Hook, PA 19061</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>I S T A</u> | As of the petition filing date, the claim is: <u>\$1,998.15</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.71 | Nonpriority creditor's name and mailing address <u>RJ Schinner Co., Inc.</u> <u>N89W14700 Patrita Dr</u> <u>Menomonee FIs, WI 53051-2365</u> Date or dates debt was incurred <u>09/20/2023</u> Last 4 digits of account number <u>5 4 5 5</u> | As of the petition filing date, the claim is: <u>\$4,339.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.72 | Nonpriority creditor's name and mailing address <u>Sam's West, Inc.</u> <u>2101 SE Simple Savings Dr</u> <u>Bentonville, AR 72712-4304</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.73 | Nonpriority creditor's name and mailing address <u>Samseng Tissue Co.</u> <u>122 Kissel Rd Ste 300</u> <u>Burlington, NJ 08016-4225</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$5,144.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.74 | Nonpriority creditor's name and mailing address <u>Sandt Products</u> <u>1828 William Penn Way Ste 102</u> <u>Lancaster, PA 17601-6703</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 0 2 3</u> | As of the petition filing date, the claim is: <u>\$10,911.90</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.75 | Nonpriority creditor's name and mailing address <u>Sanfacon Virginia Inc.</u> <u>18097 US Highway 501</u> <u>PO Box 600</u> <u>Brookneal, VA 24528-0600</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.76 | Nonpriority creditor's name and mailing address <u>Screen Gems, Inc.</u> <u>2927 W Thompson St</u> <u>Philadelphia, PA 19121-4547</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.77 | Nonpriority creditor's name and mailing address <u>Shamrock Industries Sales</u> <u>774 Haunted Ln</u> <u>Bensalem, PA 19020</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.78 | Nonpriority creditor's name and mailing address <u>Sheppard Enterprises, Inc.</u> <u>571 Hollow Rd</u> <u>Phoenixville, PA 19460-1136</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>2 9 5 7</u> | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.79 | Nonpriority creditor's name and mailing address <u>Sherweb</u> <u>2915 Ogletown Rd # 1073</u> <u>Newark, DE 19713-1927</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.80 | Nonpriority creditor's name and mailing address <u>Shore Manufacturing</u> <u>2145 Dennis St Bldg 2</u> <u>Jacksonville, FL 32204-1805</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.81 | Nonpriority creditor's name and mailing address <u>Sigma Plastics Group</u> <u>2919 Center Port Cir</u> <u>Pompano Beach, FL 33064-2105</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.82 | Nonpriority creditor's name and mailing address <u>Smart USA Inc.</u> <u>1440 5th Ave</u> <u>Bay Shore, NY 11706-4147</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 0 1</u> | As of the petition filing date, the claim is: <u>\$14,338.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.83 | Nonpriority creditor's name and mailing address <u>Source Direct Inc.</u> <u>2200 Garry Rd Ste 3</u> <u>Cinnaminson, NJ 08077-2595</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$3,566.16</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.84 | Nonpriority creditor's name and mailing address <u>Southern Champion Tray L.P.</u> <u>220 Compress St</u> <u>Chattanooga, TN 37405-3724</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6 3 9 2</u> | As of the petition filing date, the claim is: <u>\$22,470.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.85 | Nonpriority creditor's name and mailing address <u>Staples Inc.</u> <u>500 Staples Dr</u> <u>Framingham, MA 01702-4478</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.86 | Nonpriority creditor's name and mailing address <u>Sysco Corporation</u> <u>1390 Enclave Pkwy</u> <u>Houston, TX 77077-2025</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.87 | Nonpriority creditor's name and mailing address <u>The Ocala Group</u> <u>1981 Marcus Ave</u> <u>New Hyde Park, NY 11042-2060</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.88 | Nonpriority creditor's name and mailing address <u>The Restaurant Store, LLC</u> <u>2209 Old Philadelphia Pike</u> <u>Lancaster, PA 17602-3416</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.89 | Nonpriority creditor's name and mailing address <u>Uni-Kem Chemicals Inc.</u> <u>802 William Leigh Dr Ste 19</u> <u>Tullytown, PA 19007-6306</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.90 | Nonpriority creditor's name and mailing address <u>United Packaging Supply</u> <u>102 Wharton Rd</u> <u>Bristol, PA 19007-1622</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.91 | Nonpriority creditor's name and mailing address <u>Universal Distribution LLC</u> <u>96 Distribution Blvd</u> <u>Edison, NJ 08817-6006</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.92 | Nonpriority creditor's name and mailing address <u>Wellcare International Inc.</u> <u>1578 Sussex Tpke</u> <u>Randolph, NJ 07869-1833</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>\$24,065.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 2: Additional Page

| | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.93 | Nonpriority creditor's name and mailing address <u>Western Plastics</u> <u>41573 Dendy Pkwy</u> <u>Temecula, CA 92590-3757</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.94 | Nonpriority creditor's name and mailing address <u>Westrock</u> <u>3950 Shackelford Rd</u> <u>Duluth, GA 30096-1858</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>8 2 8 2</u> | As of the petition filing date, the claim is: <u>\$9,734.66</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.95 | Nonpriority creditor's name and mailing address <u>X-L Plastics Inc.</u> <u>220 Clifton Blvd</u> <u>Clifton, NJ 07011-3645</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.96 | Nonpriority creditor's name and mailing address <u>Yespac, Inc.</u> <u>260 Centennial Ave</u> <u>Piscataway, NJ 08854-2947</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm
Name

Part 2: Additional Page

| | | | |
|-------------|--------------------------------------------------------|------------------------------------------------------|-------------------|
| 3.97 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: | <u>unknown</u> |
| | <u>Zep Inc.</u> | <i>Check all that apply.</i> | |
| | <u>600 Galleria Pkwy SE Ste 1500</u> | <input type="checkbox"/> Contingent | |
| | <u>Atlanta, GA 30339-5910</u> | <input checked="" type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: | <u>Goods Sold</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? | |
| | Last 4 digits of account number _____ | <input checked="" type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |

Debtor Tri-State Paper, Inc.
Name

Case number (if known) 23-13237-pmm

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

| | | |
|---------------------------------------------------|-------|---------------------|
| 5a. Total claims from Part 1 | 5a. | <u>\$55,088.85</u> |
| 5b. Total claims from Part 2 | 5b. + | <u>\$633,932.54</u> |
| 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c. | 5c. | <u>\$689,021.39</u> |

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm Chapter 11

☐ Check if this is an
amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|-----|---------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | <u>Truck Lease</u> <u>Contract to be REJECTED</u> | <u>Penske Truck Leasing Co., L.P.</u> <u>2675 Morgantown Rd</u> <u>Reading, PA 19607-9676</u> |
| | State the term remaining | <u>0 months</u> | |
| | List the contract number of any government contract | | |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | <u>Computer Services</u> <u>Contract to be REJECTED</u> | <u>CGPC Solutions</u> <u>430 Fairmount Ave</u> <u>Philadelphia, PA 19123-2868</u> |
| | State the term remaining | <u>0 months</u> | |
| | List the contract number of any government contract | | |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the: Eastern District of Pennsylvania
(State)

Case number (If known): 23-13237-pmm

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively.
Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor | | Column 2: Creditor | |
|--------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Name | Mailing address | Name | Check all schedules that apply: |
| 2.1 | <div><div></div><div>Street</div><div></div><div>CityStateZIP Code</div></div> | <div><div></div><div><input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G</div></div> | |
| 2.2 | <div><div></div><div>Street</div><div></div><div>CityStateZIP Code</div></div> | <div><div></div><div><input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G</div></div> | |
| 2.3 | <div><div></div><div>Street</div><div></div><div>CityStateZIP Code</div></div> | <div><div></div><div><input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G</div></div> | |
| 2.4 | <div><div></div><div>Street</div><div></div><div>CityStateZIP Code</div></div> | <div><div></div><div><input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G</div></div> | |
| 2.5 | <div><div></div><div>Street</div><div></div><div>CityStateZIP Code</div></div> | <div><div></div><div><input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G</div></div> | |

Debtor

Tri-State Paper, Inc.

Case number (if known) 23-13237-pmm

Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| Column 1: Codebtor | | Column 2: Creditor | |
|--------------------|------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------|
| Name | Mailing address | Name | Check all schedules that apply: |
| 2.6 | <div>Street</div> <div></div> <div>CityStateZIP Code</div> | <div></div> | <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div> |

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm Chapter 11

☐ Check if this is an
amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real Property:

Copy line 88 from *Schedule A/B*.....

\$968,600.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*.....

\$1,480,304.69

1c. Total of all property:

Copy line 92 from *Schedule A/B*.....

\$2,448,904.69

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$473,833.82

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$55,088.85

3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$633,932.54

4. Total liabilities.....

Lines 2 + 3a + 3b

\$1,162,855.21

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/20/2023
MM/ DD/ YYYY

X

/s/ John Petaccio

Signature of individual signing on behalf of debtor

John Petaccio

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm

☐ Check if this is an
amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and
exclusions)

From the beginning of the
fiscal year to filing date:

From 01/01/2023 to Filing date
MM/ DD/ YYYY

☒ Operating a business

\$3,653,530 (est.)

☐ Other

\$0.00

For prior year:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

\$5,875,115.00

☐ Other

For the year before that:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

\$6,297,777.00

☐ Other

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each
source

(before deductions and
exclusions)

From the beginning of the
fiscal year to filing date:

From 01/01/2023 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

| Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer Check all that apply |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1. <u>Camden Bag & Paper Co.</u> Creditor's name <u>200 Connecticut Dr</u> Street <u>Burlington, NJ 08016-4106</u> City State ZIP Code | <u>10/11/2023</u> <u>09/28/2023</u> <u>09/11/2023</u> <u>09/06/2023</u> <u>09/05/2023</u> <u>09/01/2023</u> | <u>\$35,111.35</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| 3.2. <u>Capital One Financial Corp.</u> Creditor's name <u>1680 Capital One Dr</u> Street <u>Attn: Bankruptcy</u> <u>McLean, VA 22102-3407</u> City State ZIP Code | <u>10/18/2023</u> <u>9/26/2023</u> <u>8/21/2023</u> <u>8/3/2023</u> | <u>\$18,065.60</u> | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| 3.3. <u>Citizens Bank N.A.</u> Creditor's name <u>JCA115</u> Street <u>1 Citizens Bank Way</u> <u>Johnston, RI 02919-1922</u> City State ZIP Code | <u>08/19/2023</u> | <u>\$10,000.00</u> | <input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| 3.4. <u>Emerald Professional Protection Products</u> Creditor's name <u>285 Pierce St</u> Street <u>Somerset, NJ 08873-1261</u> City State ZIP Code | <u>09/05/2023</u> | <u>\$21,110.00</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| 3.5. <u>Ferraro Foods</u> Creditor's name <u>287 S Randolphville Rd</u> Street <u>Piscataway, NJ 08854-3806</u> City State ZIP Code | <u>10/09/2023</u> <u>10/04/2023</u> <u>10/02/2023</u> <u>09/27/2023</u> <u>09/08/2023</u> <u>8/28/2023</u> | <u>\$28,328.20</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |

3.6. Imperial Bag & Paper Co LLC 10/05/2023 \$18,354.51
 Creditor's name
255 Route 1 & 9 09/29/2023
 Street
Jersey City, NJ 07306 09/22/2023
 City State ZIP Code 09/21/2023
 09/18/2023

3.7. Penn Jersey Paper Co. 10/04/2023 \$48,424.39
 Creditor's name
9355 Blue Grass Rd 09/15/2023
 Street
Philadelphia, PA 19114-2311 09/05/2023
 City State ZIP Code 08/16/2023

3.8. Penske Truck Leasing Co., L.P. 09/12/2023 \$15,902.98
 Creditor's name
2675 Morgantown Rd 08/15/2023
 Street
Reading, PA 19607-9676
 City State ZIP Code

3.9. Plastirun Corporation 9/29/2023 \$11,079.64
 Creditor's name
c/o Euler Hermes N.A. Insurance Co. 9/22/2023
 Street
800 Red Brook Blvd # 400C
Owings Mills, MD 21117-5173
 City State ZIP Code

3.10. Pro-Stat, Inc. 10/04/2023 \$18,740.00
 Creditor's name
285 Pierce St 09/01/2023
 Street
Somerset, NJ 08873-1261
 City State ZIP Code

3.11. Ridgway Industries, Inc. 08/16/2023 \$10,142.15
 Creditor's name
60 Walnut St # 4 08/09/2023
 Street
Marcus Hook, PA 19061
 City State ZIP Code

3.12. Sheppard Enterprises, Inc. 10/9/2023 \$18,012.55
 Creditor's name
571 Hollow Rd 9/14/2023
 Street
Phoenixville, PA 19460-1136 8/15/2023
 City State ZIP Code

☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☐ Services
☐ Other _____

☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☐ Services
☐ Other _____

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☒ Other Truck Lease

☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☐ Services
☐ Other _____

☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☐ Services
☐ Other _____

☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☐ Services
☐ Other _____

☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☐ Services
☐ Other _____

3.13. United Financial Casualty Co.
Creditor's name
6300 Wilson Mills Rd
Street

Cleveland, OH 44143-2109
City State ZIP Code

10/3/2023
9/6/2023

\$15,447.76

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☒ Services
☐ Other

3.14. Westrock
Creditor's name
3950 Shackleford Rd
Street

Duluth, GA 30096-1858
City State ZIP Code

08/17/2023

\$17,675.64

☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☐ Services
☐ Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|---------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------------------------------------|
| 4.1. John Petaccio Creditor's name 149 E Church St Street Blackwood, NJ 08012-3904 City State ZIP Code | 10/23/2023 | \$2,195.46 | Expense Reimbursement (Discover Card) |
| Relationship to debtor President | | | |

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Description of the property | Date | Value of property |
|------------------------------------------------------------------|-----------------------------|------|-------------------|
| 5.1. Creditor's name Street City State ZIP Code | | | |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|----------------------------------------------------------------------------------|-----------------------------------------|-----------------------|--------|
| 6.1. _____ Creditor's name _____ Street _____ City State ZIP Code | XXXX- _ _ _ _ | _____ | _____ |

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

| Case title | Nature of case | Court or agency's name and address | Status of case |
|------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 7.1. Citizens Bank, N.A. v. Debtor | Mortgage Foreclosure | Philadelphia Court of Common Pleas Name 1400 John F Kennedy Blvd Street Philadelphia, PA 19107-3200 City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number 231001237 | | | |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

| Custodian's name and address | Description of the property | Value |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 8.1. _____ Custodian's name _____ Street _____ City State ZIP Code | _____ Case title _____ Case number _____ Date of order or assignment _____ | _____ Court name and address _____ Name _____ Street _____ City State ZIP Code |

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------|-------|
| <div>Recipient's name</div> <div>Street</div> <div></div> <div>City State ZIP Code</div> <div>Recipient's relationship to debtor</div> | | | |

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss | Date of loss | Value of property lost |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|
| | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>). | | |
| 10.1. Extensive water damage to 4500 N 3rd St from a storm, which caused damage to the building, lost income, and lost inventory. | \$100,000 received from insurance company on 10/19/2023 | 09/11/2023 | \$680,000.00 |

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

| Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------|-----------------------|
| Cibik Law, P.C. | Attorney's Fee and Cost | 10/20/2023 | \$40,000.00 |
| <div>Address</div> <div>1500 Walnut Street Suite 900</div> <div>Street</div> <div>Philadelphia, PA 19102</div> <div>City State ZIP Code</div> <div>Email or website address</div> <div>mail@cibiklaw.com</div> <div>Who made the payment, if not debtor?</div> | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

| 12.1. | Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------|-------------------------|-----------------------------------|---------------------------|-----------------------|
| | Trustee | | | |

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

| 13.1. | Who received the transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-------|----------------------------|------------------------------------------------------------------------------------|------------------------|-----------------------|
| | Address | | | |
| | Street | | | |
| | City | State | ZIP Code | |
| | Relationship to debtor | | | |

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| 14.1. | Address | Dates of occupancy |
|-------|---------|--------------------|
| | Street | From To |
| | City | State ZIP Code |

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
—diagnosing or treating injury, deformity, or disease, or
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 15.1. _____ Facility name _____ Street _____ City State ZIP Code | _____ _____ Location where patient records are maintained(if different from facility address). If electronic, identify any service provider. | _____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper |

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☒ No.

☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

| Name of plan | Employer identification number of the plan |
|-------------------------------|--------------------------------------------|
| _____ | EIN: _ _ - _ _ _ _ _ |
| Has the plan been terminated? | |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes | |

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

| Financial institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|----------------------------------------|---------------------------------|-----------------|------------------------------------------------------|-----------------------------------------|
| | | | | |

18.1

XXXX- _ _ _ _

☐ Checking

Name

☐ Savings

Street

☐ Money market

☐ Brokerage

City

☐ Other

State

ZIP Code

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| 19.1 | Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| | <div>Name</div> <div>Street</div> <div></div> <div>City</div> <div>State</div> <div>ZIP Code</div> | <div></div> <div></div> <div></div> <div>Address</div> <div></div> <div></div> | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> | <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| 20.1 | Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| | <div>Name</div> <div>Street</div> <div></div> <div>City</div> <div>State</div> <div>ZIP Code</div> | <div></div> <div></div> <div></div> <div>Address</div> <div></div> <div></div> | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> | <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> |

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

| Owner's name and address | Location of the property | Description of the property | Value |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|-------------|
| <div>Name</div> <div>Street</div> <div></div> <div>City</div> <div>State</div> <div>ZIP Code</div> | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div> <div></div> | <div></div> |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------|----------------------------------|--------------------|------------------------------------|
| | Name | | <input type="checkbox"/> Pending |
| Case number | Street | | <input type="checkbox"/> On appeal |
| | | | <input type="checkbox"/> Concluded |
| | City State ZIP Code | | |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |
| Street | Street | | |
| | | | |
| City State ZIP Code | City State ZIP Code | | |

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |
| Street | Street | | |
| | | | |
| City State ZIP Code | City State ZIP Code | | |

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

| Business name and address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|--------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------|
| 25.1. _____ Name _____ Street _____ City State ZIP Code | _____ | EIN: ____ - ____ - ____ Dates business existed From _____ To _____ |

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

| Name and address | Dates of service |
|---------------------------------------------------------------------------------|---------------------|
| 26a.1. _____ Name _____ Street _____ City State ZIP Code | From _____ To _____ |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

| Name and address | Dates of service |
|---------------------------------------------------------------------------------|---------------------|
| 26b.1. _____ Name _____ Street _____ City State ZIP Code | From _____ To _____ |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

| | | |
|--------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | Name and address | If any books of account and records are unavailable, explain why |
| 26c.1. | <div><div>Name</div><div>Street</div><div>CityStateZIP Code</div></div> | <div><div></div><div></div><div></div></div> |

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

| | |
|--------|-------------------------------------------------------------------------|
| | Name and address |
| 26d.1. | <div><div>Name</div><div>Street</div><div>CityStateZIP Code</div></div> |

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---------------------------------------------------------------|-------------------|------------------------------------------------------------------------------|
|---------------------------------------------------------------|-------------------|------------------------------------------------------------------------------|

| |
|-------------------------------------------------------------------------------|
| Name and address of the person who has possession of inventory records |
|-------------------------------------------------------------------------------|

| | |
|-------|-------------------------------------------------------------------------|
| 27.1. | <div><div>Name</div><div>Street</div><div>CityStateZIP Code</div></div> |
|-------|-------------------------------------------------------------------------|

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|---------------|------------------------------------------|-------------------------------------|-----------------------|
| John Petaccio | 149 E Church St Blackwood, NJ 08012-3904 | President, Common Stock | 100.00% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|------|---------|-------------------------------------|---------------------------------------------------|
|------|---------|-------------------------------------|---------------------------------------------------|

Justino Petaccio, Sr.

Deceased

President, Common Stock

From 09/03/2021
To 04/09/2023

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|------------------------------------------------------|-------|--------------------------------|
|-------------------------------|------------------------------------------------------|-------|--------------------------------|

30.1. John Petaccio
Name
149 E Church St
Street

Blackwood, NJ 08012-3904
City State ZIP Code

See Continuation Sheet

Various

Compensation

Relationship to debtor

President (Since 04/09/2023)

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|------------------------------------------------------|-------|--------------------------------|
|-------------------------------|------------------------------------------------------|-------|--------------------------------|

30.2. Justino Petaccio, Sr.
Name
Deceased
Street

City State ZIP Code

\$850.00

03/15/2023

Compensation

\$2,000.00

01/20/2023

\$2,000.00

01/06/2023

\$2,000.00

12/23/2022

\$1,500.00

12/16/2022

Relationship to debtor

President (Until 04/09/2023)

| | | | |
|--|------------|------------|--|
| | \$1,500.00 | 12/09/2022 | |
| | \$1,500.00 | 11/18/2022 | |
| | \$1,000.00 | 11/11/2022 | |
| | \$1,000.00 | 10/28/2022 | |

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|------------------------------------------------------|-------|--------------------------------|
|-------------------------------|------------------------------------------------------|-------|--------------------------------|

30.3. John Petaccio
Name
149 E Church St
Street

Blackwood, NJ 08012-3904
City State ZIP Code

\$15,000 (Fulton Bank)

10/24/2023

Payment on
Personal Vehicle
Loans

\$3,027 (Westlake Financial)

10/24/2023

\$1,000 (Teachers FCU)

10/12/2023

\$1,000 (Teachers FCU)

09/12/2023

\$3,000 (Fulton Bank)

07/31/2023

Relationship to debtor

President

| | | | |
|--|------------------------------|------------|--|
| | \$1,005 (Westlake Financial) | 05/09/2023 | |
| | \$1,005 (Westlake Financial) | 03/21/2023 | |
| | \$1,005 (Westlake Financial) | 01/05/2023 | |
| | \$1,005 (Westlake Financial) | 11/18/2022 | |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/20/2023
MM/ DD/ YYYY

X /s/ John Petaccio
Signature of individual signing on behalf of the debtor

Printed name John Petaccio

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Tri-State Paper, Inc. — Case No. 23-13237-pmm
Statement of Financial Affairs Continuation Sheet for Line 30

- 30.1 The following payments were made to John Petaccio within 1 year before filing this case.
The aggregate amount of all payments is \$217,230.70.

| Date | Amount | Date | Amount | Date | Amount |
|-------------|---------------|-------------|---------------|-------------|---------------|
| 11/04/2022 | \$3,000.00 | 03/31/2023 | \$3,000.00 | 07/14/2023 | \$3,000.00 |
| 11/11/2022 | \$1,000.00 | 03/24/2023 | \$3,846.15 | 07/14/2023 | \$3,000.00 |
| 11/11/2022 | \$3,000.00 | 04/07/2023 | \$3,000.00 | 07/21/2023 | \$3,000.00 |
| 11/18/2022 | \$3,000.00 | 04/14/2023 | \$3,000.00 | 07/14/2023 | \$3,846.15 |
| 11/23/2022 | \$3,000.00 | 04/07/2023 | \$3,846.15 | 07/28/2023 | \$3,000.00 |
| 12/09/2022 | \$3,000.00 | 04/21/2023 | \$3,000.00 | 08/04/2023 | \$3,000.00 |
| 12/16/2022 | \$3,000.00 | 04/27/2023 | \$3,000.00 | 07/28/2023 | \$3,846.15 |
| 12/23/2022 | \$3,000.00 | 04/21/2023 | \$3,846.15 | 08/19/2023 | \$3,000.00 |
| 12/30/2022 | \$3,000.00 | 05/05/2023 | \$3,000.00 | 08/11/2023 | \$3,846.15 |
| 01/06/2023 | \$3,000.00 | 05/11/2023 | \$3,000.00 | 08/25/2023 | \$3,000.00 |
| 01/14/2023 | \$3,000.00 | 05/05/2023 | \$3,846.15 | 09/01/2023 | \$3,000.00 |
| 01/20/2023 | \$3,000.00 | 05/19/2023 | \$3,000.00 | 08/25/2023 | \$3,846.15 |
| 01/27/2023 | \$3,000.00 | 05/26/2023 | \$3,000.00 | 09/15/2023 | \$3,000.00 |
| 02/04/2023 | \$3,000.00 | 05/19/2023 | \$3,846.15 | 09/08/2023 | \$3,846.15 |
| 02/10/2023 | \$3,000.00 | 06/02/2023 | \$3,000.00 | 09/22/2023 | \$3,000.00 |
| 02/10/2023 | \$3,846.15 | 06/09/2023 | \$3,000.00 | 09/29/2023 | \$3,000.00 |
| 02/24/2023 | \$3,000.00 | 06/02/2023 | \$3,846.15 | 09/22/2023 | \$3,846.15 |
| 03/03/2023 | \$3,000.00 | 06/16/2023 | \$3,000.00 | 10/06/2023 | \$3,000.00 |
| 02/24/2023 | \$3,846.15 | 06/23/2023 | \$3,000.00 | 10/13/2023 | \$3,000.00 |
| 03/10/2023 | \$3,000.00 | 06/16/2023 | \$3,846.15 | 10/06/2023 | \$3,846.15 |
| 03/17/2023 | \$3,000.00 | 06/30/2023 | \$3,000.00 | 10/20/2023 | \$3,000.00 |
| 03/10/2023 | \$3,846.15 | 07/07/2023 | \$3,000.00 | 10/27/2023 | \$3,000.00 |
| 03/24/2023 | \$3,000.00 | 06/30/2023 | \$3,846.15 | | |

**United States Bankruptcy Court
Eastern District of Pennsylvania**

In re:

Tri-State Paper, Inc.,

Debtor.

Case No. 23-13237-pmm

Chapter 11

Disclosure of Compensation of Attorney for Debtor

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the proposed attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor in contemplation of or in connection with the bankruptcy case is as follows:

Prior to the filing of this statement I have received..... \$40,000.00

Balance due\$0.00

2. Notwithstanding the balance due listed above, additional compensation may be paid to me if approved by the court upon application after notice and opportunity for hearing.
3. Debtor was the source of the compensation paid to me.
4. Debtor is the source of compensation to be paid to me.
5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
6. In return for the above-disclosed fee, I have agreed to render legal services for the debtor as set forth in the application to employ and the attached retainer agreement.

Certification

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor in this bankruptcy proceeding.

Date: October 27, 2023

/s/ Michael A. Cibik

Michael A. Cibik (#23110)

Cibik Law, P.C.

1500 Walnut Street, Suite 900

Philadelphia, PA 19102

215-735-1060

mail@cibiklaw.com



Cibik Law, P.C.
1500 Walnut Street, Suite 900
Philadelphia, PA 19102
215-735-1060
mail@cibiklaw.com

October 20, 2023

Mr. John Petaccio
Tri-State Paper, Inc.
4500 N 3rd Street
Philadelphia, PA 19140

Re: *Bankruptcy Representation*

Dear Mr. Petaccio:

We are honored that you have selected us to represent Tri-State Paper, Inc. as insolvency and bankruptcy counsel. Our objective is to provide high quality legal services to our clients at a fair and reasonable cost. This letter agreement outlines the basis upon which we will provide legal services to you, and confirms our understanding with respect to payment of legal fees, costs and expenses incurred in conjunction with such representation.

1. **Scope of Services; Client Duties.** You are hiring us as attorneys to represent Tri-State Paper, Inc. as bankruptcy counsel in a Chapter 11 case. We will keep you informed of the progress of your case and respond to your inquiries. You agree to be truthful with us, to cooperate, to keep us informed of any developments, to abide by this Agreement, to pay our bills, and to keep us advised of your current contact information.

2. **Retainer.** For us to begin our representation, we require a retainer in the amount of \$40,000.00, which includes the \$1,738.00 filing fee. This retainer will be deposited in our attorney trust account but we may draw on it, up to its full amount, as and when we deem appropriate, subject to Court approval of post-petition fees. You agree to advance additional retainers as requested. If any portion of the amount paid is deemed not earned when paid, you grant us an attorney's lien on such funds to the extent of our fees and costs. Any unused portion of the retainer at the conclusion of our representation will be refunded to you or the party who advanced it. All payments must be in the form of a cashier's or treasurer's check or money order. Personal checks are not accepted.

3. **Legal Fees and Billing Practices.** The Code of Professional Responsibility of the American Bar Association suggests that professional fees reflect a number of factors, including the number of attorney hours incurred, the relative experience of the attorney(s) performing the services, the difficulty of the matter, and the results obtained for the client. Our professional fees are usually determined by multiplying the actual number of hours incurred by the hourly billing rate. However, in accordance with the Code of Professional Responsibility, we reserve the right, subject to Court approval, to make upward or downward adjustments to these hourly determinations as may be appropriate given the circumstances. From time to time, our hourly billing rates will change. We will notify you of any changes in the firm's hourly rate structure. The minimum billing unit is one-tenth of an hour, and services will be recorded and billed in one-tenth of an hour increments.

We will charge you for all activities undertaken in providing legal services to you under this Agreement, including but not limited to the following: conferences, including preparation and participation; preparation and review of correspondence, e-mail and other documents; legal research and analysis; court and other appearances, including preparation and participation; and

Mr. John Petaccio
October 20, 2023
Page 2

communications, including communications with you, other attorneys or persons involved with this matter, governmental agencies and any other party or person contact with whom is advisable for our representation. The legal personnel assigned to this matter may confer among themselves about the matter, as required. When they do confer, each will charge for the time expended. If more than one of our legal personnel attends a meeting, court hearing or other proceeding, each will charge for the time spent only if it is necessary in our judgment to have two or more personnel at the meeting, hearing or proceeding. We charge for waiting and travel time, both local and out of town.

Currently our hourly rates range from \$200 per hour for paralegals/legal assistants to \$750 for our most senior lawyers. As a senior attorney in the Firm, my hourly rate is presently \$750. The hourly rate for associate attorney Michael Assad is \$350. You agree to pay our fees and costs based upon our then prevailing hourly rates and charges at the time the services are rendered.

You hereby authorize the secure destruction of your file five years after it is closed, and agree that we shall have no liability for destroying any records, documents, or exhibits still in its possession and relating to this matter at the end of five years. All future work for you in other matters will be handled in accordance with this Agreement at our regular hourly rates unless otherwise agreed upon.

4. **Costs and Other Charges.** We will incur various costs and expenses in the normal course of performing legal services under this Agreement. Costs and expenses commonly include filing and recordation fees, court reporters' fees, computer legal research, messenger and other delivery services, postage, parking and other local travel expenses, telecopying, photocopying and other reproduction costs. You agree to pay transportation, meals, lodging and all other costs of any necessary travel by our personnel. You will be charged the hourly rates for the time we spend traveling, both local and out of town. You also agree to pay for charges such as expert witness fees, title insurance fees, consultant and investigator fees, and the like. Photocopying is currently billed at \$0.25 per page and motor travel at \$0.75 per mile. The Chapter 11 filing fee is \$1,738.00, which will be paid as part of the initial retainer.

5. **Billing Statements.** We will send you statements indicating fees and costs incurred and their basis, any amounts applied from the retainer, and any current balance owed. The billing statement will list the professionals who worked on your matter for that billing period with their hourly billing rates. Should you have any questions concerning any statement, we encourage you to discuss them with us so that we may have an opportunity to resolve any misunderstandings in a mutually agreeable manner. Statements are due on receipt. If a statement or fee award is not paid within 30 days of billing, late fees shall accrue on the unpaid balance at the rate of one percent (1%) per month. If legal action is taken to recover any amounts due under this Agreement, you agree to pay all our costs of collection, and an attorney's fees of one-third of the total amount due, even if the proceeding is brought by a member of the Firm on the Firm's behalf.

6. **Chapter 11 Filing.** The ultimate fees to be awarded the Firm for its representation of Client in the Chapter 11 case must be approved by the Bankruptcy Court. Interim applications for compensation and reimbursement of expenses will be filed by the Firm with the Bankruptcy Court to obtain authorization for further payment. Generally, interim applications are made on a quarterly basis, but may be submitted more or less often. You agree to pay any award of compensation upon the entry of a Court order authorizing such award.

Mr. John Petaccio
October 20, 2023
Page 3

You agree that you shall perform fully and conscientiously all the statutory duties of the Debtor and Debtor in Possession under the Bankruptcy Code and shall timely comply with all reasonable requests for information or reports by the U.S. Trustee, any Creditor's Committee, and the Firm. These duties include, but are not limited to, gathering and reviewing all of the information necessary for filing a complete and accurate list of all assets, creditors, a schedule of executory contracts and unexpired leases, the Statement of Financial Affairs, and the Statement of Current Income and Expenses. Client acknowledges having received a Questionnaire assisting the Firm in completing such documents, and agrees to timely, completely, and accurately complete the Questionnaire.

7. **Discharge and Withdrawal.** You may discharge us at any time and, once your case is filed, we may withdraw from your representation only after approval by the Court. Reasons for our withdrawal include, but are not limited to, your breach of this Agreement, your failure to pay our bills as they become due, your refusal to cooperate with us or follow our advice on a material matter, or any fact or circumstance that would render our continuing representation of you unlawful, unethical or impracticable.

When our services conclude, all unpaid charges will immediately become due and payable. At such time, we will, upon written request, deliver your file to you along with any funds or property of yours in our possession. The work product produced in the course of our representation will remain our property. Upon cessation of our active involvement in any particular matter, even if we continue to represent you in other matters, we will have no duty to inform you of future developments, deadlines or changes in the law.

8. **Disclaimer of Guarantee; Risks.** Nothing in this Agreement should be construed as a promise or guarantee about the outcome of any matter that we are handling on your behalf. Our comments about the outcome of matters pertaining to you are expressions of opinion only. There are risks in filing for bankruptcy, including the possible liquidation or loss of property. You also understand that the bankruptcy law is subject to different interpretations and that there are inherent risks in how Courts will apply various provisions. In a Chapter 11 case you cannot dismiss your case without prior Court approval, and the case can be converted to Chapter 7 without your approval.

9. **Entire Agreement.** This letter contains all of the terms of the agreement between us applicable to our representation and may not be modified except by a written agreement signed by both of us. There are no promises, terms, conditions or obligations applicable to our representation hereunder, except as expressly set forth in this Agreement, and the terms hereof supersede any previous oral or written agreements between us with respect to our representation hereunder.


10. **Effective Date.** Please confirm that this letter accurately reflects our agreement, and that you understand and waive any potential conflicts of interest, by signing the duplicate copy of this Agreement and returning it to us along with your retainer amount stated above. The representation covered by this Agreement commences only upon the receipt by this office of such items.

If you have any questions concerning the provisions of this Agreement, please do not hesitate to call me. We look forward to the privilege of working with you.

Mr. John Petaccio
October 20, 2023
Page 4

Very truly yours,

CIBIK LAW, P.C.

By: 
Michael A. Cibik, Esq.

UNDERSTOOD AND AGREED TO:

/s/ John Petaccio
Tri-State Paper, Inc.
By: John Petaccio, President

October 20, 2023
Date